



As a below named inventor, I hereby declare that:

My residence post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled AGENTS AND METHODS FOR TREATING PAIN the specification of which DECT AVAILABLE CODV

(check one)	[X] []	is attached hereto was filed on as US Application Serial Number or PCT International Application Number and was amended on (if applicable).				
I hereby state amendment re		eviewed and understand the cover.	ontents of the above i	dentified specification, in	ncluding the claims, as am	ended by any
I hereby claim or §365(a) of	foreign priori any PCT Inte w any foreigr	disclose information which is not benefits under 35 U.S.C. § mational application which de application for patent or inverse is claimed.	119(a)-(d) or §365(b) signated at least one ntor's certificate, or P	of any foreign application of any foreign application of application of application of any of	on(s) for patent or invento Jnited States, listed below	and have also
Prior Foreign A	Application(s)			Priority	Not Claimed	
	(Number)	(Country)	(Day/Month/Y	'ear Filed)	[]	
្ន្រី I hereby claim	the benefit u	nder 35 U.S.C. §119(e) of any	/ United States provis	ional application(s) listed	d below. NONE	•
*/ J	olication Number	(Filing Date)				
the United Sta States or PCT In information wh	tes, listed be International nich is materi	nder 35 U.S.C. §120 of any U low and, insofar as the subject application in the manner prov al to patentability as defined in trnational filing date of this ap	t matter of each of the rided by the first parage 37 CFR §1.56 which	e claims of this applicati graph of 35 U.S.C. §112	on is not disclosed in the 2, I acknowledge the duty	prior United to disclose
į į	(Application	Number)	(Filing Date)	(Status -patented,	pending, abandoned)	
E Othice connect	No. 33,433		<u>5,612</u> phone: 949-450-1750	neg. No. 25,606, Canos	all business in the Patent a	nd Trademark <u>10, Stephen</u>
believed to be punishable by t	true; and furt fine or impriso	ements made herein of my ow her that these statements wer onment, or both, under Section of the application or any paten	re made with the known 1001 of Title 18 of	wledge that willful false	statements and the like so	made are
Full name of so	ole or first inv	entor (given name, family nam	ne) DANIEL W	. GIL		
Inventor's sign	ature	Que l'	w.Al	Date	December 20,	2000
Residence		Corona Del Mar, CA	× ,,,,)		ship <u>U.S.A.</u>	
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Continued...





Full name of second inventor (given name, family name)

KEI R. AOKI

Inventor's signature Residence Post Office Address

Coto de Caza, CA 2 Ginger Lily Court Coto de Caza, CA 92679 Date 12/19/00

Citizenship U.S.A.

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